

CERTIFIED COMMERCIAL FAMILY QUARTERS CLEANING CONTRACT

This is to certify that _____, herein after referred to as "the resident", and
_____, herein after referred to as "the cleaner" have this date, entered
into a contract to clean Combat Center family quarters at _____,
now assigned to _____ **Address**
_____. **Sponsor's Grade, Name, and SSN**

We agree that:

1. This is to authorize _____, a certified cleaner to clean my quarters
The Cleaner
under "Pay and Go" for a total amount of \$_____.
2. The quarters will be completely vacated by the resident, all private property removed, and full
access given to the cleaner after _____ hours on _____. The resident will
Time **Date**
provide one key for the quarters to the cleaners, which will be returned to Family Housing by the
cleaner at the time of the final cleaning inspection.
3. The quarters, grounds, and appliances, as well as any garage/storage shed/carport/storage
areas, as applicable, will be cleaned in accordance with the attached cleaning instructions. No
partial cleaning may be done. Additional cleaning items required are as follows.

4. The cleaning will be completed by _____ hours on _____.
Time **Date**
5. The cleaner will furnish all necessary equipment and supplies to complete the cleaning.
6. The cleaner/authorized representative will be present at the final cleaning inspection. If the
quarters are found by the Housing Representative to be unsatisfactory for termination, the
cleaner will accomplish such additional cleaning as required to pass inspection.

7. The **Contractor acknowledges** that in the event they fail to meet the terms of the contract. The contract will be pulled and given to the next available cleaner on the Authorized Cleaner List.

Resident's Signature and Date

Cleaner's Signature and Date

**WITNESSED BY FAMILY
HOUSING OFFICE REPRESENTATIVE:** _____

Signature and Date

RECEIPT FOR FINAL PAYMENT

1. _____ hereby acknowledges receipt of \$_____, as full and
The Cleaner

final payment for cleaning Combat Center Family Quarters for _____

at _____
Address The Resident

The Cleaner

Date

Family Housing Office Representative Date

RESIDENT'S FORWARDING ADDRESS

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

PHONE NUMBER: _____